



**Application for Certificate of Inspection**  
Mass. State Building Code (780 CMR) 108.9.1

**Address of Property to be Inspected:**

**Ward:**

**Current use of property:** \_\_\_\_\_ # of dwelling units, if applicable:

Name of Property Owner  
Address of Property Owner  
Daytime Telephone # of Property Owner

**Name of Business:**

Name of Business Owner  
Address of Business Owner  
Daytime Telephone # of Business Owner

**CORRESPONDENTS WILL BE SENT TO PROPERTY OR BUSINESS OWNER**

**Appointments for Inspections, please call 617-625-6600 ext 5600 8:00am - 4:00pm Monday - Friday**

**Name of Contact Person:**

**Daytime Telephone # of Contact Person:**

Story(ies) use is located (i.e. basement, 1<sup>st</sup>, etc.):

Gross floor area of the use (floor plan may be required):

Day care or Child care: Number of children 2 years 9 months and younger:

Number of children 2 years 9 months and older:

Restaurant, bar, lounge, pub, theater, classrooms, etc.

Number of seats provided: Fixed seats: \_\_\_\_\_ Not fixed seats:

R-1 uses (see attached) number of units:

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date

**Fee schedule is on back**

**Below is for Office use ONLY**

**Certificate Number:** \_\_\_\_\_ **Expiration Date:**

**Occupant Load:** \_\_\_\_\_ **Use Group:**